UNITED STATES (U/Y/) SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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FORM D

2002 PORM D PURSUANT TO REGULATION D.

: 086 SECTION 4(6). AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL
OMB Number:	3235-0076
expires: A	ugust 31 4000
esomated aver	age burden
hours per respe	onse 16.00

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering (check i Convertible Note Due		nd name has ch	anged, and inc	dicate change.)	
Filing Under (Check box(es) tha	t apply): Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	[] ULOE
Type of Filing: Ex New Filing	☐ Amendment				
	A. BASIC	E IDENTIFICA	TION DATA	, D.F.	CT AVAILABLE CO
1. Enter the information request	ed about the issuer			bL.	ST AWAILED LL CC
Name of Issuer (check if the	is is an amendment and	name has chan	ged, and indica	te change.)	*
FastShip. Inc.					
Address of Executive Offices	(Number and S	treet, City, Sta	e, Zip Code)	Telephone Numbe	r (Including Area Code)
123 Chestnut Street		, PA 19106		(215) 574-1770	
Address of Principal Business Of (if different from Executive Offi	perations (Number and S ces)	treet, City, Sta	e, Zip Code)	Telephone Number	(Including Area Code)
Brief Description of Business				POCESS!	
Commercial cargo vesse	l design and operation	on.,	1	APR 0 1 2002	02075108
Type of Business Organization © corporation	☐ limited partnership	, already forme	d	- THONISON FINANCIAL D other (please sp	1 1
☐ business trust	☐ limited partnership	, to be formed			7084510
Actual or Estimated Date of Inc Jurisdiction of Incorporation or	Organization: (Enter two	letter U.S. Pos	_	previation for State	timated
GENERAL INSTRUCTIONS	* <				
Federal: Who Must File: All issuers makin et seq. or 15 U.S.C. 77d(6).	g an offering of securities i	in reliance on ar	exemption un	der Regulation D o	r Section 4(6), 17 CFR 230.501
When To File: A notice must be the U.S. Securities and Exchange if received at that address after the	e Commission (SEC) on t	he earlier of th	e date it is rece	eived by the SEC a	it the address given below or,
Where to File: U.S. Securities at					
Copies Required: Five (5) copies of the signed must be photocopies of the copies of th	of this notice must be filed he manually signed copy (with the SEC.	one of which m r printed signa	ust be manually sig tures.	rned. Any copies not manually
Information Required: A new filing, any changes thereto, the info A and B. Part E and the Appen	ng must contain all inform	ation requested C, and any ma	Amendments	need only report th	e name of the issuer and offer- on previously supplied in Parts
Filing Fee: There is no federal fi	iling fee.				

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid CMB control number. SEC 1972 (2-97) 1 of 8

Each promoter of the issuer, if the issuer has been organized			
 Each beneficial owner having the power to vote or dispose, or securities of the issuer; 	direct the vote or dispo	sition of, 10%	or more of a class of equity
Each executive officer and director of corporate issuers and of	corporate general and m	anaging partne	rs of partnership issuers; and
 Each general and managing partner of partnership issuers. 			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Pederson, Einar			
Business or Residence Address (Number and Street, City, State, Z	ip Code)		
123 Chestnut Street, Suite 204, Philadelphia, PA 1910)6		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Bullard II, Roland K.			
Business or Residence Address (Number and Street, City, State, Z	ip Code)		
123 Chestnut Street, Suite 204, Philadelphia, PA 19	106		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Chambers, Kathryn Riepe			
Business or Residence Address (Number and Street, City, State, Z	ip Code)		
123 Chestnut Street, Suite 204, Philadelphia, PA			
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Giles, David L.			
Business or Residence Address (Number and Street, City, State, Z 123 Chestnut Street, Suite 204, Philadelphia, PA 1910			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer		☐ General and/or Managing Partner
Full Name (Last name first, if individual) Colgan, Dennis			
Business or Residence Address (Number and Street, City, State, Z	ip Code)		·
123 Chestnut Street, Suite 204, Philadelphia, PA 1910	76		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Riverfront Development Corporation	·		
Business or Residence Address (Number and Street, City, State, Z	ip Code)		
701 North Broadway, Glouchester City, NJ 08030			
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Dunn, David E.			
Business or Residence Address (Number and Street, City, State, Z	ip Code)		-
Palton Boggs LLP, 2550 M Street, NW, Washington, DC	20037		

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

. I. Has	the issuer	sold, or d	oes the iss	uer intend	to sell, to	non-acco	edited inve	stors in th	is offering	?	••••	Yes	No
				iswer also					44				Ð
2. Wha	it is the mi	inimum in		hat will be				•		········	••••••	\$ <u>10</u>	000
1 Does	s the offer	ing permit	ioint own	ership of	a cinale w	sie?						Yes	No
4. Ente sion to be list the	r the inform or similar and is a he name o	mation req remunerati n essociate f the brok	juested for ion for soli ed person er or deale	each person citation of or agent o or. If more formation	on who has purchaser f a broker than five	been or w s in connec or dealer ((5) person	ill be paid o tion with s registered v s to be list	or given, d ales of sec with the SI ed are asso	irectly or in urities in the	ndirectly, a ne offering.	ny commi If a perso	n	
Full Name	(Last nat	ne first, if	individua	1)				·			·		
N/A								***	:				
Business o	or Residenc	e Address	(Number	and Stree	t, City, St	ate, Zip C	ode)						
Name of	Associated	Broker or	Dealer				<u> </u>						
States in \	Which Per	son Listed	Has Solic	ited or In	tends to So	olicit Purel	hasers	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
				al States)						• • • • • • • • • •		□ Ali S	iares
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA]	
N/A Business o	or Residenc	e Address	(Number	and Stree	t, City, Sta	ite, Zip Co	ode)	· · · · · · · · · · · · · · · · · · ·					
Name of	Associated	Broker or	- Dealer									<u>, </u>	
States in V	Which Pers	on Listed	Has Solic	ited or Int	ends to So	olicit Purch	nasers						
				al States)						. 		□ All S	tates
[AL] [1L] [MT] [RI]	[AK] [IN] [NE] [SC]		[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]		[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Name	(Last nan	ne first, if	individua)									
N/A	 			·			· - · · · · · · · · · · · · · · · · · ·						
Business o	r Residenc	e Address	(Number	and Stree	t, City, Sta	ite, Zip Co	ode)	•					
Name of A	Associated	Broker or	Dealer								·		
States in \	Which Pers	on Listed	Has Solic	ited or Ini	ends to So	licit Purch	nasers						
				al States)				·	. 			☐ All S	
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	(CA) (KY) [NJ)	[CO] [LA] [NM]	(CT) (ME) (NY)	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	i

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and aiready exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt ☐ Preferred ☐ Common Convertible Securities (including warrants) \$50,000 Partnership Interests __________ \$_ \$50,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount investors of Purchases Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Sold Type of offering Security Rule 505 Regulation A Rule 504 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... Printing and Engraving Costs 1,000 Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)..... Other Expenses (identify) =

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total.....

1,000

C OFFERING PRICE, NUMBER	SK UP INVESTURS, EXPENSES AND	U	E OF PROCEE	DS_	
b. Enter the difference between the aggregate off tion 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C - Ouestion 4.a. This difference	is t	he		\$ 49,000
Indicate below the amount of the adjusted gross used for each of the purposes shown. If the amount estimate and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth	unt for any purpose is not known, furn	ish ecu	an Ial		
Salaries and fees	•		Payments to Officers, Directors, & Affiliates		Payments To Others
					s ^{10,000}
Purchase of real estate					
Purchase, rental or leasing and installation of	machinery and equipment		\$ <u>·</u>	. 0	S
Construction or leasing of plant buildings and	f facilities		S	. 0	S
Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another		S	a	s
Repayment of indebtedness		Ē	5		•
Working capital					\$24,000
Other (specify):				-	
Other (specify).		. <u>L</u>	3	. u	\$
			s	. 0	s
Column Totals			\$15,000	. 80	\$34,000
Total Payments Listed (column totals added)			x⊠ \$ <u>49</u>	,000	
	D. FEDERAL SIGNATURE				
the issuer has duly caused this notice to be signed by flowing signature constitutes an undertaking by the uest of its staff, the information furnished by the is	issuer to furnish to the U.S. Securities a	nd E	xchange Commi	ssion,	upon written re-
suer (Print or Type)	Signature	-	Date	:	
FastShip, Inc.	Why Rep ani	<u>.</u> .			3/14/02
ame of Signer (Print or Type)	Title of Signer (Print or Type)		II		· · · · · · · · · · · · · · · · · · ·
(athrym Riepe Chambers	Executive Vice President				
The state of the s	<u> </u>			-	

-ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

THE STATE SIGNATURE OF THE STATE SIGNATURE		. ~.
1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?		
See Amendia Caluma S for rease persones	_	_

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
FastShip, Inc.	Kohy Lese Chanden	3/14/02
Name (Print or Type)	Title (Print or Type) -	
Kathryn Riepe Chambers	Executive Vice President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	Ť	2	3	4					5
	to non-a	i to sell accredited is in State	Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	·	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	-Item1)
AL			·						1,10
AK									
AZ						·			
AR									
CA									
со									
СТ									
DE									
DC									
FL									
GA									
HI									
ID			Ī						
IL	<u> </u>								
IN									
IA									
KS									
KY									
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MD						·			
MA									
MI									
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MS			······································						
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	to non-a	i to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT											
NE			·								
NV											
ИН											
NJ											
NM			A								
NY											
NC		·					·.				
סא					<u> </u>						
он											
ОК									·		
OR											
PA		X	Convertible Note \$50,000	1	\$50,000				X		
RI											
sc							•				
SD											
TN											
ΤX											
UT											
VT											
VA											
WA											
wv											
WI											
WY											
PR											